

Case Number:	CM14-0186643		
Date Assigned:	11/14/2014	Date of Injury:	09/13/2013
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female with a reported industrial injury on September 13, 2013, when she started to have low back pain throughout the day after lifting activities. The pain is described as spasms of the low back with pain radiating down the left leg, accompanied with a heavy feeling and some weakness and numbness. On November 25, 2014, the physical exam there was tenderness on palpation to the lumbar spine and the straight leg raise (SLR) exam was positive on the left. The diagnosis is spinal stenosis of the lumbar region, lumbar disc degeneration, scoliosis of lumbar spine and spondylolisthesis. The latter two diagnoses were seen on lumbar plain film examination. Magnetic resonance imaging (MRI) of lumbar showed multilevel degenerative disc disease with a grade 1 L4-5 spondylolisthesis, advanced facet arthropathy at the L4-5 level, herniated nucleus pulposus (HNP) present at L5-S1 and degenerative changes at L3-4 with moderate to severe right neural foraminal narrowing. Treatment has included NSAID medications, muscle relaxants, physical therapy and chiropractic treatments. Treatment plan is to continue NSAID medications, muscle relaxants, physical therapy and chiropractic treatments and possibly surgery. The primary care physician requested on October 22, 2014 an epidural steroid injection at L5-S1. The Utilization review non-certified the request on October 27, 2014 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Epidural steroid injection caudal L5-S1 for the lumbar and/or sacral vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, "epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).3) Injections should be performed using fluoroscopy (live x-ray) for guidance.4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.5) No more than two nerve root levels should be injected using transforaminal blocks.6) No more than one interlaminar level should be injected at one session.7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections."The patient had 2 epidural steroid injections for low back pain, the first on 09/30/2104 and the second on 10/21/2014. After the second injection, the treating physician documents a 30% improvement in the pain; however, the MTUS guidelines call for a series of 2 injections. An additional criterion is that at least a 50% improvement in pain is needed to continue the treatment. Based on the documentation, another epidural is not medically necessary.